

HAWAII STATE ETHICS COMMISSION

1001 Bishop Street, Pacific Tower 970 P.O. Box 616, Honolulu, Hawaii 96809 Telephone: 587-0460 FAX: 587-0470

GIFTS DISCLOSURE STATEMENT				
(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due on June 30)				
NAME:	STATE POSITION:			
Lynn Donovan	MQD Pharmacist			
STATE AGENCY:	STATE TEL. NO.:			
Dept. of Human Services, Med-QUEST Division	692-8116			
STATE MAILING ADDRESS:				

P.O. Boy 700100 Kanolei HT 96709-0190

P.O. Box 700190, Kapolei, I	11 90709-0190			
1 DONOR	2 DESCRIPTION OF GIFT	DATE 3 REC'D	GIFT 4 VALUE	AGG. 5 VALUE
American Medicaid Pharmacy Administrator's Association (AMPAA)	R/T Airfare: Seattle, WA Ground transportation, lodging, meals	7/8/04	\$1,608.91	
·				

2 DESCRIPTION OF GIFT	3 REC'D	GIFT 4 VALUE	AGG. 5 VALUE
RECEIVED			
*05 JUN -1 PI2:55			
STATE OF HAWA STATE ETHICS COMMISSION			
·			
	**************************************	**************************************	**************************************

CEH LIFICATION: I nereby certify that the above is a true, correct, and complete statement.	.
SIGNATURE: Lynn S. Dmova	DATE: 5/27/05